



CITY OF LODI FIRE DEPARTMENT

Fire Prevention Bureau

25 EAST PINE STREET
LODI, CALIFORNIA 95240
(209) 333-6739
FAX (209) 333-6844



Permit Application

Date _____ Project Name _____

Job Address _____

Project Description _____

City Business License Number: _____ City Business License Expiration Date _____

Occupancy Type(s): _____ New Construction Tenant Improvement

A check mark in the box labeled "primary name" will indicate where plan review corrections will be directed

Property Owner Primary Name

Name _____
 Address _____
 City/State/ZIP _____
 Phone _____
 Fax _____
 Email _____

Architect/Engineer Primary Name

Name _____
 Address _____
 City/State/ZIP _____
 Phone _____
 Fax _____
 Email _____

Contractor Primary Name

Name _____
 Address _____
 City/State/ZIP _____
 Phone _____
 Fax _____
 Email _____ Lic. Class _____
 License # _____ License Exp. Date _____

Project Manager Primary Name

Name _____
 Address _____
 City/State/ZIP _____
 Phone _____
 Fax _____ Email _____

Construction/Building Code Classification

- | | |
|---|--|
| <input type="checkbox"/> Civil Improvement | <input type="checkbox"/> Spray Booth |
| <input type="checkbox"/> Compressed Gas System | <input type="checkbox"/> Standpipe/ Hose Station |
| <input type="checkbox"/> Hazardous Materials <input type="checkbox"/> Medical | |
| <input type="checkbox"/> Fire Alarm System | |
| <input type="checkbox"/> Fire Alarm System for Fire Sprinkler Monitor | <input type="checkbox"/> Annexation |
| <input type="checkbox"/> Fire Flow/Hydrant Test | <input type="checkbox"/> Land Use |
| <input type="checkbox"/> Fire Pump | <input type="checkbox"/> Lot Line Adjustments |
| <input type="checkbox"/> Fire Sprinkler System | <input type="checkbox"/> Parcel Map |
| <input type="checkbox"/> Riser #1 Number of Risers _____ | <input type="checkbox"/> SPARC |
| <input type="checkbox"/> Riser #2 Number of Heads _____ | <input type="checkbox"/> Zoning Variance |
| <input type="checkbox"/> Riser #3 Number of Heads _____ | <input type="checkbox"/> Subdivision/Lot Splits |
| <input type="checkbox"/> Riser #4 Number of Heads _____ | <input type="checkbox"/> 1 – 4 Lots |
| <input type="checkbox"/> Halon/Clean Agent System | <input type="checkbox"/> 5 – 24 Lots |
| <input type="checkbox"/> Hood & Duct Fire Suppression System | <input type="checkbox"/> >= 25 Lots |

Fifty percent of applicable fees must be paid at time of submittal. Remainder of fees must be paid before permit will be issued. Applications for which no permit is issued within 180 days following the date of application shall expire by limitation, and plans and other data submitted for review may thereafter be returned to the applicant or destroyed by the Fire Marshal. All appropriate information shall be completely filled out or permit may be delayed.

APPLICANT SIGNATURE _____ Date _____

Application Accepted by _____ Date _____



CITY OF LODI FIRE DEPARTMENT

Fire Prevention Bureau

25 EAST PINE STREET
LODI, CALIFORNIA 95240
(209) 333-6739
FAX (209) 333-6844



Permit Application Checklist

A permit application **WILL NOT BE ACCEPTED** unless all of the following items are submitted or complied with:

- _____ 1. **PLAN/INSPECTION FEE:** Fifty percent (50%) of projected fee to be paid at time of application. Remainder of fees are due at permit issuance.
- _____ 2. **PERMIT APPLICATION FORM:** Filled out with ALL pertinent information and signed by the applicant.
- _____ 3. **THREE (3) COMPLETE SETS OF PLANS with Wet Signatures**
- _____ 4. **PERMIT SPECIFIC INFORMATION:** Three (3) copies of cut sheets, calculations, equipment specifications or code required information.
- _____ 5. **CONTRACTORS INFORMATION:** Contractors addresses, phone number, state contractor's license number, and city business number is required prior to issuance of a permit.
- _____ 6. **SUB-CONTRACTORS INFORMATION LIST:** A list of all sub-contractors used, with addresses, phone number, state contractor's license number, and city business number is required prior to issuance of a permit.

COMMENTS:

APPLICATION ACCEPTED BY: _____ **DATE:** _____